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REC. OF STATE

## STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER Dakota Dunes North Sioux City Times		2. DATE Sept. 27, 2019
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE \$ \$38, \$48 includes tax
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) PO Box 1340, North Sioux City, SD 57049		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) 507 Sharpe Drive, Vermillion, SD 57069		
6. FULL NAME OF PUBLISHER: Bruce L. Odson		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>FULL NAME</p> <p>Bruce L. Odson</p> <p>Susan M. Odson</p> </div> <div style="width: 45%;"> <p>COMPLETE MAILING ADDRESS</p> <p>507 Sharpe Drive, Vermillion, SD 57069</p> <p>507 Sharpe Drive, Vermillion, SD 57069</p> </div> </div>		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. None		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	812	812
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	32	29
2. Mail Subscription (Paid and or requested)	640	643
3. Paid Electronic Copies	12	12
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	684	684
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	15	14
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	699	698
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	113	114
2. Return from News Agents	0	0
G. TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)	812	812

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public  
I swear that the statements made by me are true, correct, and complete:

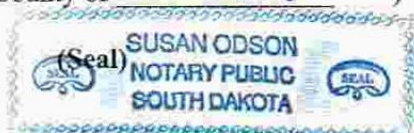
  
(Signature)

Publisher

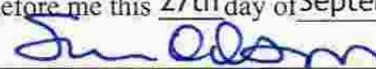
(Title)

State of South Dakota )

County of Union )



Sworn to before me this 27th day of September, 20 19



Notary Public

My commission expires: 7-12-23